Foster Family Home - Corrective Action Report

Provider ID:

1-170032

Home Name:

Bobby Bautista, CNA

Review ID:

1-170032-4

94-692 Kehela Street

Reviewer:

Pamela Perry

Waipahu

HI 96797 Begin Date:

6/29/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced visit made on 6/29/2020 for a 2 bed CCFFH Annual Inspection Survey. Corrective Action Plan issued during visit with all items due back to CTA by 7/29/20

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- PCG & CG #3 Last eCrim 5/21/18CG#2; CG#2 Last eCrim 7/21/17. CG#3 No fingerprint records.

8.(a)(2)- PCG & CG#2 Last APS/CAN 5/21/18; CG#3 No APS/CAN records.

Compliance Manager

Primary Care Giver

6/30/2020 0:44 AM

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Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

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(PLEASE PRINT)

CCFFH Address:

94-692 Kehela St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?		
8(a)(1)	Lapses cannot be corrected	7/24/20 2/18/20 7/15/20	Home will use a wall calendar to put All due dates on. Background check At least 2weeks before due date to prevent future lapses		
8(a)(2)	Lapses cannot be corrected	7/24/20 7/15/20 5/19/20	Home will use a wall calendar to put All due dates on. Background check At least 2 weeks before due date to Prevent future lapses		
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All items that were fixed are attached to this CAP

PCG's Signature

Date: 8/5/2029

CTA has reviewed all corrected items